

Healthy Kids, Healthy Michigan

Policy Summary
July 2008



Healthy Kids, Healthy Michigan



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Healthy Kids, Healthy Michigan

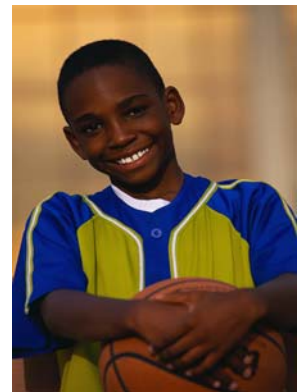
Why Childhood Obesity Prevention?

The health of Michigan's children is in serious jeopardy due to poor nutrition and lack of physical activity, which contribute to growing rates of obesity in our state. During the past several decades, obesity rates have soared among all age groups, quadrupling among children ages 6 to 11. Obesity increases the risk of chronic diseases such as cardiovascular disease, type 2 diabetes and cancer, all of which can begin during the childhood years. In one study, more than 70% of overweight youth already had at least one risk factor for cardiovascular disease, such as high cholesterol or high blood pressure, and 39% had two or more risk factors. It is estimated that 1 in 3 children born in the United States in 2000 will develop type 2 diabetes at some point in their lives. We need urgent action to turn back this rising tide. The promotion of healthy social changes and the development of focused policy initiatives can positively affect the health of our children.

Project Overview:

In July 2007, Governor Granholm received a one-year grant award from the National Governor's Association through the *Healthy Kids, Healthy America* program. This program was designed to provide the nation's governors with the opportunity and means to make progress in addressing childhood obesity in schools and communities in their state.

Governor Granholm's project, *Healthy Kids, Healthy Michigan*, is working with executive-level decision-makers from government, public and private sectors, school districts, health care and non-profit organizations to create a multi-year strategic policy plan to reduce childhood obesity in Michigan. This policy plan will include targeted approaches and implementation plans to guide state leaders in adopting policies that will increase access to physical activity and healthy food choices, especially fruits and vegetables. The Governor has designated Michigan Surgeon General, Dr. Kimberlydawn Wisdom, to lead this effort with support from the Michigan Department of Community Health.



This document is a summary of our work to date, including an overview of our recommended policy priorities and an in-depth analysis of focus areas for year-one. The final product of this project will be a five-year strategic policy plan to address childhood obesity in communities and schools. Michigan legislators will receive a copy of the plan which includes policy recommendations to assist them and other executive-level decision makers in adopting policy changes. The plan will provide a framework for comprehensive State action in Michigan and lay the groundwork for future state initiatives in childhood obesity prevention. The plan will provide practical ideas for developing and adopting policy changes that can be used by all sectors, which will lead to continuity across venues in communication and action.

Call to Action

We need your Support:

Strong champions from Michigan-based organizations are required to move this agenda forward in a timely and effective manner. Please review this policy summary, sign the Resolution of Support (page 8), complete the Commitment Form (page 9) and submit both via fax as soon as possible.

Call to Action

Moving Forward:

- While the first year of the *Healthy Kids, Healthy Michigan* project has been exciting, it is time to look forward to October 2008 when funding from the National Governors Association will cease. In order to carry out the five-year strategic policy plan to reduce childhood obesity in Michigan, a *Healthy Kids, Healthy Michigan Coalition* is in the early stages of development.
- All interested organizations will ultimately be welcomed in the *Healthy Kids, Healthy Michigan Coalition*, but specific leadership is required now. We hope to identify committed organizations able to play a strategic role in guiding the development and direction of the Coalition. Please fax the Commitment Form (page 9) as soon as possible to indicate your organization's interest in becoming a member of the Coalition's Steering Committee.
- In October, Governor Granholm will join the supporters of *Healthy Kids, Healthy Michigan* and will be presented with our five-year strategic plan and year-one policy priorities. Organizations that "sign on" by completing the Resolution of Support (page 8) and faxing the Commitment Form (page 9) will be invited to stand with the Governor at the October press event and pledge to support the implementation of this plan.
- In early winter 2009 all current stakeholders will be invited to a meeting to transition into our new Coalition structure and receive updates on the status of our policy priorities.

Year-One Policy Priorities

- **Education Recommendations:**
 - Physical and Health Education in Schools
 - Coordinated School Health Programs
- **Health, Family and Child Care Services Recommendations:**
 - Body Mass Index (BMI) Surveillance
 - Medicaid Coverage of Childhood Obesity
- **Community Recommendations:**
 - Complete Streets, including Safe Routes to School
 - Improved Access to Fresh Healthy Food at Food Retailers in Underserved Areas

Five-Year Strategic Plan

Policy Strategies for Years Two – Five

Education Recommendations:

- Recess policies
- School breakfast expansion
- Model school beverage guidelines
- Health & physical education Michigan Educational Assessment Program (MEAP) testing
- State nutrition standards for the school campus

Community Recommendations:

- School garden programs
- Summer food service programs
- Farmers markets and other retail outlets with fresh food
- School facility location requirements
- Safe Routes to School Programs

Health, Family, and Child Care Services Recommendations:

- Licensed child care physical activity requirements
- Licensed child care juice reimbursement restrictions and incentives for serving fresh fruits and vegetables

Year-One Priorities: Our Vision & Focus

Why Physical and Health Education in Schools? Physical activity and health literacy are correlated with healthy behaviors and educational achievement. Establishing healthy behaviors early in life, through education and practice, can produce sustained health benefits for individuals and provide economic benefits for families, schools, businesses, and government. Despite these benefits, there is a long-term trend in the reduction of efforts and resources committed to physical and health education programs in schools. Michigan's Revised School Code mandates health and physical education, but is silent on important details governing the quantity and quality of mandated curricula.

- **Our Vision:** Because these instructional areas are not part of the Michigan's standardized testing system, school districts have reduced the time and effort students spend in these areas to focus on "core" academic areas. Adding specificity to Michigan's Revised School Code pertaining to the quantity and quality of these instructional areas will ensure students receive regular physical education and health education instruction to obtain knowledge and skills required for a lifetime of health.

Why Coordinated School Health Programs? Healthy children learn better, are less likely to be absent from school, and are more likely to be healthy adults. In addition, national data indicates Michigan children continue to be less healthy and less 'health literate' than their peers in other states. In 2003, the Michigan State Board of Education recognized these facts and recommended that school districts form Coordinated School Health Councils. Although the State Board of Education approved this important policy, school districts were not required to form a council.

- **Our Vision:** A large majority (71%) of Michigan school districts report having Coordinated School Health Councils, however, there is a great deal of variety in their approaches and overall effectiveness. Standardizing the core membership of these councils, establishing assessment options, and developing reporting requirements will allow for more strategic efforts to improve the health and academic performance of Michigan students.

Why Body Mass Index Surveillance? Childhood obesity is a complex public health problem. Millions of Michigan children and families, and thousands of organizations, communities and systems, are currently affected by this epidemic. Statewide, increasing annual medical costs are associated with obesity; these costs are just the tip of the iceberg. While many are committed to combating the epidemic of childhood obesity, it is currently impossible to determine the impact of these efforts or need for the allocation of more resources. This is due to a lack of Michigan specific data on childhood obesity. Our capacity for data surveillance needs to be developed to monitor the scope and scale of the epidemic.

- **Our Vision:** The Michigan Care Improvement Registry (MCIR) is an established public health surveillance tool currently used to monitor child health issues but it does not collect obesity-related data. A vast majority (85-90%) of physicians in the state already use this system to track the immunization and lead screening status of their pediatric patients. Childcare providers and schools also use this system to document the immunization status of Michigan children. Adding obesity-related data fields (height, weight and BMI capabilities) to MCIR and possibly incorporating the use of Healthcare Effectiveness Data and Information Set (HEDIS) measures may further strengthen our BMI Surveillance efforts. With better local data, any number of policy and program interventions can be evaluated.

Year-One Priorities: Our Vision & Focus

Why Medicaid Coverage of Childhood Obesity? The medical management of childhood overweight and obesity is an important aspect of overall efforts to contain the obesity epidemic. As prevention programs highlight the risks of being overweight or the need for behavior changes, children and families become aware of the need to seek professional medical help. Medical professionals are insufficiently supported in their efforts to address childhood overweight and obesity. In Michigan, the Medicaid and MIChild programs can provide resources to support the clinical management of overweight and obese children.

- **Our Vision:** There is currently a great deal of confusion in the medical provider community about which obesity prevention and management services will be reimbursed by Medicaid and MIChild. Providers and health systems report varied results in their efforts to be reimbursed for providing obesity prevention services. Consequently, they do not routinely provide or request reimbursement for these services. Applying the Early Periodic Screening Diagnosis and Treatment program (EPSDT) practices to these plans will provide clinical continuity for at-risk Michigan children. A system of Best Practices in Childhood Obesity Prevention would establish criteria for the certification of providers able to provide various levels of care and management for overweight children.

Why Complete Streets and Safe Routes to School in Communities? Many children and their families struggle with integrating physical activity into their daily routine by walking or biking to work, school, and key family destinations within a community. This is because the typical community design concentrates on transporting automobiles and not pedestrians and bicyclists. Connectivity of residents and their destinations often include wide streets with fast traffic and do not have sidewalks, bicycle lanes, paths, trails or public transportation with bicycle accommodations. According to the Institute of Medicine, the dramatic rise in childhood obesity rates has been linked to these changing land use patterns and lifestyle choices which decrease physical activity opportunities. A complete street incorporates safety and connectivity of the residents and destinations and allows for physical activity opportunities.

- **Our Vision:** Transportation infrastructure will include Complete Streets and Safe Routes to School and shall routinely be planned, designed, constructed, re-constructed, operated, and maintained using the best design standards to ensure safe, comprehensive, integrated, and connected travel opportunities for bicyclists, pedestrians, transit riders, and motor vehicle drivers and passengers in a manner consistent with and supportive of, the surrounding community.

Why Improved Access to Fresh, Healthy Food at Food Retailers in Underserved Areas? Underserved children, families, and communities are at increased risk for becoming overweight or obese. When fresh, healthy foods are not available, other convenient affordable foods become the driving force for household nutrition decisions. Overweight and poor nutrition are often correlated with living in 'food deserts,' areas where residents have limited access to quality, affordable, healthy food. Food deserts are commonly found in economically depressed and often blighted urban centers. There are significant financial barriers to the development of food retail and wholesale businesses, and minimizing these barriers through economic incentives is an established policy approach to the promotion of healthful nutrition.

- **Our Vision:** The economics of healthy food retail and wholesale business are extremely challenging. High startup costs and low profit margins are barriers to investment. Prospective businesses are in need of multiple incentive strategies. The investment, transfer, or deferral of Michigan resources required to provide these incentives also provide a significant return to a community, improving healthy food access, creating jobs, and providing opportunities for local ownership.

Year-One: Our Recommended Actions

- **Physical and Health Education in Schools**
 - Amend the Revised School Code to separate and strengthen both health education and physical education.
 - Require a minimum amount of time to be spent in these courses.
 - Emphasize the instruction of grade-appropriate skills and knowledge.
 - Ensure children with special needs receive adapted health and physical education.
 - Eliminate extra-curricular substitutions for health or physical education.
- **Coordinated School Health Programs**
 - Amend the Revised School Code to require the existence and accountability of District Coordinated School Health Councils.
 - Establish mechanisms by which school health assessments should be conducted and from which school health action plans will be developed.
- **Body Mass Index Surveillance**
 - Add obesity measures (height, weight, and BMI capabilities) to the Michigan Care Improvement Registry (MCIR) by
 - Modifying MCIR's regulations.
 - Possibly changing MCIR's governing statutory language.
 - Consider incorporating the use of HEDIS measures to further strengthen BMI Surveillance efforts.
- **Medicaid Coverage of Childhood Obesity**
 - Change the Michigan Medicaid Providers Manual to clearly describe coding and payment procedures related to pediatric overweight and the Early Periodic Screening Diagnosis and Treatment program (EPSDT) services to be provided to Medicaid patients and require similar coverage by participating MICHild health plans.
 - Establish a system of Best Practices in Childhood Obesity Prevention to bundle obesity-related Medicaid services and to disseminate and monitor clinical practices.
- **Complete Streets and Safe Routes to School in Communities**
 - Advocate for federal transportation reauthorization bills to retain and increase programming to include pedestrian and bicycle facility funding eligibility.
 - Present recommendations to the Governors Transportation Funding Task Force on the need and benefits of supportive facilities and infrastructure of pedestrian and bicycle safety.
 - Implement incentives to apply Complete Streets/Safe Routes to School (SRTS)/Context Sensitive Solutions (CSS) including safety of pedestrians and bicyclists when building, reconstructing or rehabilitating public infrastructure.
 - Advance legislative amendments or new statutory authority to incorporate complete streets/SRTS/CSS into State, county and local government processes.
- **Improved Access to Fresh Healthy Food at Food Retailers in Underserved Areas**
 - Support new property tax incentives currently proposed in legislature (SB 294 passed into law).
 - Propose additional tax incentives (personal property, energy efficient equipment, and brownfields) that encourage food retailer expansions and developments.
 - Increase state efforts in nutrition education for food stamp eligible recipients to encourage the purchase of fresh healthy foods.
 - Remove barriers to purchasing healthy foods through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program and the Food Stamp Program.

Resolution of Support

Whereas, the health of Michigan's children is in serious jeopardy due to poor nutrition and lack of physical activity, contributing to the growing rates of obesity in our state; and

Whereas, during the past four decades, obesity rates have soared among all age groups; and

Whereas, obesity rates have more than quadrupled among children ages 6 to 11; and

Whereas, obesity increases the risk of chronic diseases such as cardiovascular disease, type 2 diabetes and cancer; and

Whereas, it is estimated that 1 in 3 children born in the United States in 2000 will develop type 2 diabetes at some point in their lives; and

Whereas, we need urgent action to turn back this rising tide; be it therefore

Resolved, that the undersigned organization endorses the following public policy priorities related to the reduction of childhood obesity and supports the efforts of the *Healthy Kids, Healthy Michigan Coalition* to move them forward through the appropriate public policy vehicle.

1. **Physical and Health Education Requirements:** Guidelines should be adopted which address the frequency of class, length of class, class size, participation guidelines, and course guidelines for all public school children in grades K-8 including those in need of individualized educational programs.
2. **Coordinated School Health Council Requirements:** Guidelines should be adopted which address the need for public school districts to create and maintain Coordinated School Health Councils which have specific goals, strategies, benchmarks, and required reports due yearly, designed to improve student and staff physical, mental, and social health and wellness.
3. **Body Mass Index (BMI) Surveillance:** Height, weight, and BMI capabilities should be added into the Michigan Care Improvement Registry and its use possibly expanded through promotion of Healthcare Effectiveness Data and Information Set (HEDIS) compliance.
4. **Medicaid Coverage of Childhood Obesity:** Programs should be established to enhance coverage and provide education for pediatric obesity, expanding the number of children receiving clinical support in managing their weight and associated unhealthy behaviors in addition to establishing "Centers of Best Practice".
5. **Complete Streets and Safe Routes to School:** Transportation funding and programming guidelines should be established to elevate the pedestrian and bicycle facility eligibility and awards. Incentives and legislation should be adopted to apply Complete Streets/Safe Routes to School (SRTS)/Context Sensitive Solutions (CSS) including safety of pedestrians and bicyclists when building, reconstructing or rehabilitating public infrastructure.
6. **Access to Fresh, Healthy Food at Food Retailers in Underserved Areas:** Tax incentives (personal property, energy efficient equipment, brownfields) should be adopted that encourage food retailer expansions and developments that include fresh healthy foods in underserved areas. In order to encourage the purchase of fresh, healthy food, nutrition education and increased food stamp options should be emphasized.

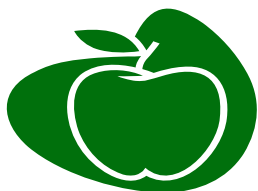
Organization's Name_____

Contact Person's Name_____ Title/Position_____

Street Address_____

City/State_____ Zip Code_____

Email_____ Phone_____ Fax_____



Healthy Kids, Healthy Michigan

Commitment Form

To: American Heart Association

Fax: 517-349-3240

Organization: _____

Address: _____

Main Contact: _____

Phone: _____ Fax: _____

Email: _____

Please use check boxes below to indicate your organization's level of commitment to *Healthy Kids, Healthy Michigan* (HKHM).

- ☐ I am faxing in our signed **Resolution of Support** in conjunction with this form and plan to attend the HKHM October event with Governor Granholm (date TBD).
- ☐ My organization will make the following commitment(s) to HKHM Coalition (please check all that apply).
 - ☐ We pledge to commit \$5,000 or more in our upcoming budget/fiscal year to become a member of the HKHM Coalition Steering Committee. The Steering Committee will be the decision-making body of the HKHM Coalition. Our budget/fiscal year is from _____ to : _____.
 - ☐ We pledge to commit between \$100 and \$4,999 in our upcoming budget/fiscal year to become a partner of the HKHM Coalition and be listed in all Coalition marketing materials and communications in addition to participating in Coalition activities. Our budget/fiscal year is from _____ to _____.
 - ☐ We are unable to make a financial commitment at this time but would still like to be a member of the HKHM Coalition and participate in Coalition activities.
 - ☐ My organization will commit to help with HKHM communications using my organization's communication tools (listservs, email distribution lists, action alerts, websites, etc.).

Please contact: _____

Phone: _____ Email: _____

All responses are needed by **September 19, 2008**.

For more information on *Healthy Kids, Healthy Michigan*, please contact Shannon Carney Oleksyk at carneys@michigan.gov or (517)335-9373. Visit www.hkham.wetpaint.com for more information.

Participants

The following organizations have participated in the Childhood Obesity Prevention Workgroup of Healthy Kids Healthy Michigan.

Adolescent and School Health Programs Alliance for a Healthier Generation Altarum Institute American Academy of Pediatrics, Michigan Chapter American Cancer Society, Great Lakes Division American Diabetes Association, Michigan Chapter American Heart Association, Midwest Affiliate Arab Community Center for Economic & Social Services Association for Child Development Beaumont Hospital Healthy Kids Program Blue Cross Blue Shield of Michigan C.S. Mott Group for Sustainable Food Systems, Michigan State University Extension Center for Childhood Weight Management CHASS/REACH Detroit Partnership Children's Health Initiative Program City Connect Detroit, Detroit Food & Fitness Collaborative Detroit Economic Growth Corporation Detroit Science Center Eaton Intermediate School District Family & Consumer Science Educators of Michigan Generation With Promise Initiative Governor's Council on Physical Fitness, Health and Sports Governor's Office of Community & Faith-Based Initiatives Graham Environmental Sustainability Institute Helen DeVos Children's Hospital Henry Ford Health System Interfaith Health & Hope Coalition Jackson Public School District Lansing School District League of Michigan Bicyclists Mayor's Time Meijer, Inc. Michigan Academy of Family Physicians Michigan Apple Committee Michigan Association for the Education of Young Children Michigan Association for Local Public Health Michigan Association of Health, Physical Education, Recreation, and Dance Michigan Association of Planning Michigan Association of School Administrators Michigan Chapter of the American College of Pediatrics Michigan Council for Maternal & Child Health Michigan Department of Community Health Michigan Department of Education Michigan Department of Transportation Michigan Dietetic Association Michigan Environmental Council Michigan Farm Bureau Michigan Farmers Market Association Michigan Fitness Foundation Michigan Food Policy Council Michigan Head Start Association Michigan Health & Hospital Association Michigan Nutrition Network – Family & Consumer Sciences Michigan Parent Teacher Student Association Michigan Primary Care Association Michigan Public Health Institute Michigan Recreation and Park Association Michigan Soft Drink Association Michigan State Housing Development Authority Michigan State Medical Society Michigan State Nutrition Action Plan Michigan State University Land Policy Institute Michigan State University, Center for Economic Analysis Michigan State University, Department of Pediatrics and Human Development Michigan State University Extension & Michigan State Nutrition Action Plan Michigan State University Extension-Family & Consumer Sciences Michigan Townships Association Michigan Trails & Greenways Alliance National Kidney Foundation of Michigan, Michigan Action for Healthy Kids Office of Governor Jennifer Granholm Parent Action for Healthy Kids Pritikin Longevity Center Sparrow Health and Wellness Spartan Stores Spectrum Health Healthier Communities St. Joseph Mercy Hospital, Department of Pediatrics Taylor School District Tech Broker, LLC UnaSource Comprehensive Weight Control Program University of Michigan Program for Multicultural Health University of Michigan School of Public Health University of Michigan Pediatric Comprehensive Weight Management Center Washtenaw County Public Health Department Wayne State University – Nutrition & Food Science Department William Beaumont Hospital YMCA of the USA

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